Case 1:09-cr-00043-GBW Document 99 Filed 04/01/11 Page 2 of 45 PageID #: 3084 SBI NUMBER: PAVULAK PAUL Registered Name: 44 Place of Birth (state/country): Date of Birth: Social Security Number: Driver's license or id state: Driver's license or id number: Height: 6 Weight: 250 Race: Sex: M Hair color: BR Eye color: BL Skin color: WHAT Alias names: Scars, marks or tattoos (with descriptions): (Example: tattoo of snake lower left arm, scar on right cheek) Email Address: Email Address: Email Address: Email Address: Email Address: Home telephone number: 302 322-3070 (area code) Cell telephone number: (area code) (number) Passport Identification Number: 451954842 Issuing Country: Immigration status:

2 of 9

GOVERNMENT EXHIBIT

01/01/2008

00000767

LIVING and/or MAILING ADDRESS

Are you living at a shelter:	(yes or no) A	re you homeless:	NO	_ (yes or no)
MAILING ADDRESS (is this different				
Street Address: 145 So Debo - Number (North, South, etc)	T Devy			201917
City: 11/11 C's (North, South, etc)	Street Name	A ===-	(Street/Driv	relete)
ous. Alex Alexander	State;	<u> </u>	Zip:	(160)
PHYSICAL ADDRI	ESS: (if different f	rom mailing add	ress)	
Development Name:	9			
Street Address: Number (North, South, etc)				
			(Street/Drive	
City:	State:		Zip:	
Are there other addresses tha	nt you live:		_(yes or no)	
Development or Apartment Name:		A	partment #:	
Circuit Addresses				
Number (North, South, etc)			(Street/Drive/	
City:	State:		Zip:	·
Development or Apartment Name:		A _I	partment #:	S•
Street Address: Number (North, South, etc)		11-10-10-10-10-10-10-10-10-10-10-10-10-1		
	Street Name		(Street/Drive/e	(c)
City:	State:	A - A S - LEATING MARKS EXCHANGE. 19	Zip:	ar, i
Development or Apartment Name:		Ap	artment #:	· ····································
Street Address: Number (North, South, etc)			~	
Number (North, South, etc)			(Street/Drivelet	-
City:	State:	elant, total carrier control c	Zip:	
•				
Development or Apartment Name:		Apa	rtment #:	
Street Address: Number (North, South, etc)			×.	
City: (North, South, etc)	Street Name		(Street/Drive/etc)	
City:	State:		Zip:	
If Homeless list the area you from the		12		
If Homeless list the area you frequent:		·····		
3 of 9			01/01	711.
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PLACE OF STUDY INFORMATION

Name of place of study: Street Address: Number (North, South, etc) Street Name Street Address: Number (North, South, etc) Street Address: Number (North, South, etc) Street Address: Street Address: Number (North, South, etc) Street Name Street Address: Street Address: Street Address: Street Address: Street Address: Street Address: Number (North, South, etc) Street Name Street Name Street Name Street Name Street Date: Street Address: Stre	Do you have a place of s	etudy? (ye	s or no) Are you enrolled	1? (yes or no)
Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)	Name of place of study:		Bffec	tive Date:
Name of place of study: Street Address: Number (North, South, etc) Street Address: Street Address: Number (North, South, etc) Street Name (Street/Drive/etc) City: State: Zip: Name of place of study: Street Address: Street Address: Street Address: Number (North, South, etc) Street Name Street Address:				
Name of place of study: Street Address: Number (North, South, etc) State: State: State: Street Address: Number (North, South, etc) Street Name Street Address: Street Address: Number (North, South, etc) Street Name Street Address: Street Name				(Street/Drive/etc)
Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)	City:		State:	Zip:
Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)	Name of place of study: _	4,000	Effecti	ive Date:
City: State: Zip: Name of place of study: Effective Date: Street Address: Number (North, South, etc) Street Name (Street/Drive/etc) City: State: Zip: Name of place of study: Effective Date: Street Address: Number (North, South, etc) Street Name (Street/Drive/etc) City: State: Zip: Name of place of study: Effective Date: Street Address: Zip: Name of place of study: Street Name (Street/Drive/etc) Street Address: Street Address: Street Address: Street Name (Street/Drive/etc)	Street Address	1.60		•
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Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)	City:		State:	Zip:
Name of place of study: Street Address: Number (North, South, etc) Street Name (Street/Drive/etc) Name of place of study: Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)			Effectiv	ve Date:
Name of place of study: Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)	Number	(North, South, etc)	Street Name	(Street/Drive/etc)
Name of place of study: Effective Date: Street Address:	City:	•	State:	Zip:
City: State:				
City: State:	Street Address:		***	*
Name of place of study: Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)				
Name of place of study: Effective Date: Street Address:	City:		State:	Zip:
Street Address: Number (North, South, etc) Street Name (Street/Drive/etc)				
				100
City:State:Zip:				
	City:		State:	Zip:

EMPLOYMENT INFORMATION

Name of employer:			_Occupation: _	
Type of business:				
Street Address:				
City:	(North, South, etc)	Street Name	80	(Street/Drivelete)
Telephone: number:				
•				
	*	395	± ₹	
Name of employer:			Occupation:	
Type of business:	***************************************			
Street Address				
City:	(North, South, etc)			(Street/Drive/etc) Zip:
3.			~~~	
Telephone: number:			•	
Telephone: number:				
Telephone: number:			Occupation:	
Telephone: number:			Occupation:	
Telephone: number: Name of employer: Type of business:			Occupation:	
Telephone: number: Name of employer: Type of business: Street Address:	North; South, etc)	Street Name	Occupation:	(Sirect/Drive/etc)
Telephone: number: Name of employer: Type of business: Street Address: Output Out	North; South, etc)	Street Name	Occupation:	(Sirect/Drive/etc)
Telephone: number: Name of employer: Type of business: Street Address:	North; South, etc)	Street Name	Occupation:	(Sirect/Drive/etc)
Name of employer: Type of business: Street Address: City: Celephone: number:	Vorth; South; etc)	Street Name State:	Occupation:	(Sirect/Drive/etc)
Telephone: number: Name of employer: Type of business: Street Address: Output Out	Vorth; South; etc)	Street Name State:	Occupation:	(Street/Drive/etc) Zip:
Name of employer: Type of business: Street Address: City: Celephone: number:	Vorth, South, etc)	Street Name State:	Occupation:	(Street/Drive/etc) Zip:
Telephone: number: Name of employer: Type of business: Street Address: City: Celephone: number: Jame of employer: Type of business: Type of business:	Vorth, South, etc)	Street Name State:	Occupation:	(Street/Drive/etc) Zip:

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VEHICLE INFORMATION

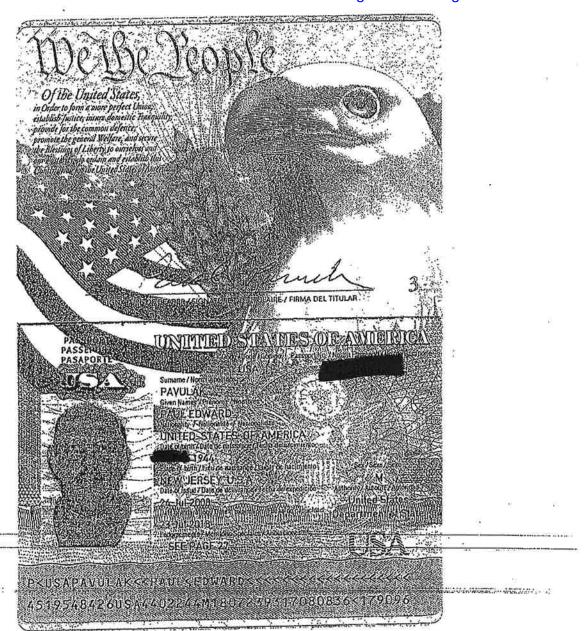
List all vehicles that you own or operate for private or work use. (Vehicles include cars, trucks, motorcycles, boats, planes, etc.)

2)	20 325		Des	\$
Re	gistration / hull / or plane	tail number	State of regi	stration
Vehicle year:	1996 Vehicle ma	ke: Kons	Vehicle model: The	
Vehicle color: _	GRIGO	over		
Place vehicle is p	parked or located:	My WOON ANG	grage, location)	<u> </u>
Owner's name:	PAUL PAY	weak-		
Street Address:	Number (North, South, etc)	Joseph Mary	Chron	t/Drive/etc)
City: Non	MERTE	State:		
3	50-22		- Aller Comments	
Regis	tration / hull / or plane ta	il number	State-of regist	ration
Vehicle year:	Vehicle make		Vehicle model:	
Vehicle color:		over		
Place vehicle is par	ked or located:			
		(Hanger, marina, gara	ge, location)	
Owner's name:				· · · · · · · · · · · · · · · · · · ·
Street Address:				
#C	uber (North, South, etc)		(0.1.1.1.	Prive/etc)
City:		State:	Zip:	**************************************
Dociety	notion (bull ()		7.* ***********************************	
Registr	ation / hull / or plane tail	number	State of registra	tion
Vehicle year:	Vehicle make: _		Vehicle model:	
	d or located:			
		(Hanger, marina, garage,	location)	
				** * Te-110
Street Address: Number				
			**	voletc)
City:		State:		-
7 of 9			(1/01/2008

Case 1:09-cr-00043-GBW Document 99 Filed 04/01/11 Page 7 of 45 PageID #: 3089 VERIFICATION CERTIFICATION

I, PRINT FULL NAME hore), have completed this valid	dation process and make these
statements as true and factual. I understand that by improperly stating or wi	
complete this verification, I am liable for criminal prosecution due to non-co	ompliance with Delaware's Megan
Signature: Accel Pauls Date: 1-16-59	*
Date: 1-16-09	9
a v	
If under 18:	
Name of parent/guardian: (PRINT NAME box)	Opening to the sequence of th
Signature of parent/guardian:	
Date:	
	The second secon
DSP Employee Accepting Packet:	in the second se
Date: (-16-09	*

F14274



Case 1:09-cr-00043-GBW Docur**STATEPOF DELAWARE.** Page 10 of 45 PageID #: 3092

PAGE NO. 1	ING RECORD	DATE 08/16/10								
NAME AND RESIDENTIAL ADDRESS		LICENSE NUMBER		R LICENSE CLASS			ENDORSEMENTS			
PAVULAK PAUL EDWARD 270 QUIGLEY BLVD		40000	F	CLA	ASS D					
NEW CASTLE DE 19720		DATE OF B	IRTH	SEX	EYE	s	HEIGI	нт		WEIGHT
MAILING ADDRESS	- Washington	and the	944	М	BLU	J	60	0		230
	ORIGINAL ISSUE DA			LICENSE E	XPIRES	RES	TRICTI	ONS	+	AUDHIE
PVT-VALID CDL-	08/26/1991	12/31/20		02/24/2			Υ			
VIOLATION / DEPARTMENTAL AC	TION	DATE ACTION/ VIOLATION		REFERENC NUMBER		COURT NO.	CMV	HAZ MAT	ACC	POINT
CHANGE OF ADDRESS FROM LIC CHANGE OF ADDRESS FROM LIC		10/17/08 10/17/08								
PRIOR: 721 KING JAMES CT PRIOR: 270 QUIQLEY BLVD										
BEAR 197010000 NEW CASTLE 197200000										
CHANGE OF ADDRESS FROM LIC PRIOR: 109 FARM HOUSE LN		12/31/07				Literate				
COUNTRYSIDE FARMS BEAR 197010000	30 FOR STATE OF THE STATE OF TH									
LIC SURR/NV-2101529655 LICENSED IN NV		12/31/07 04/09/02				NV				
DUP LIC ISSUED PRIOR ISS 02/01/2 CHANGE OF ADDRESS FROM LIC	2001	06/12/01 02/01/01								
PRIOR: 739 KILGORE COURT NEWARK 197020000		**************************************								
4169 SPEEDING 44 35 DUP LIC ISSUED PRIOR ISS 01/26/	1996	03/09/99 01/12/98	EL	A32374		E7	U	U		2
4169 SPEEDING 39 30 4164 A FAILED TO REMAIN STOPP		09/25/96 07/28/96		PA20983 PA20208	MH I JOSEPH LON	B2 B2				2
LIC SURR/NJ-P09266196502444		08/26/91								
TOTAL POINTS		4. 8 F/1 C 2. (P. 1) 2. (R 1)								007
156WMA 0000000P 104366	1			111						
	. I aliani in trainmentale productive									

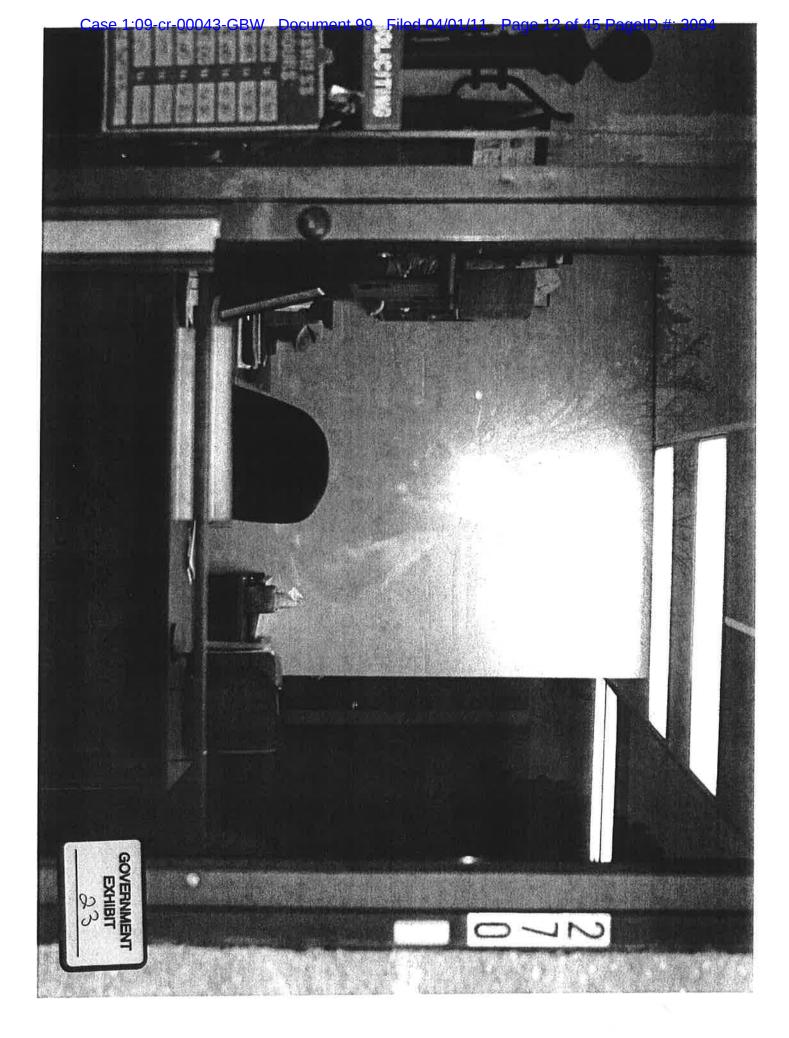


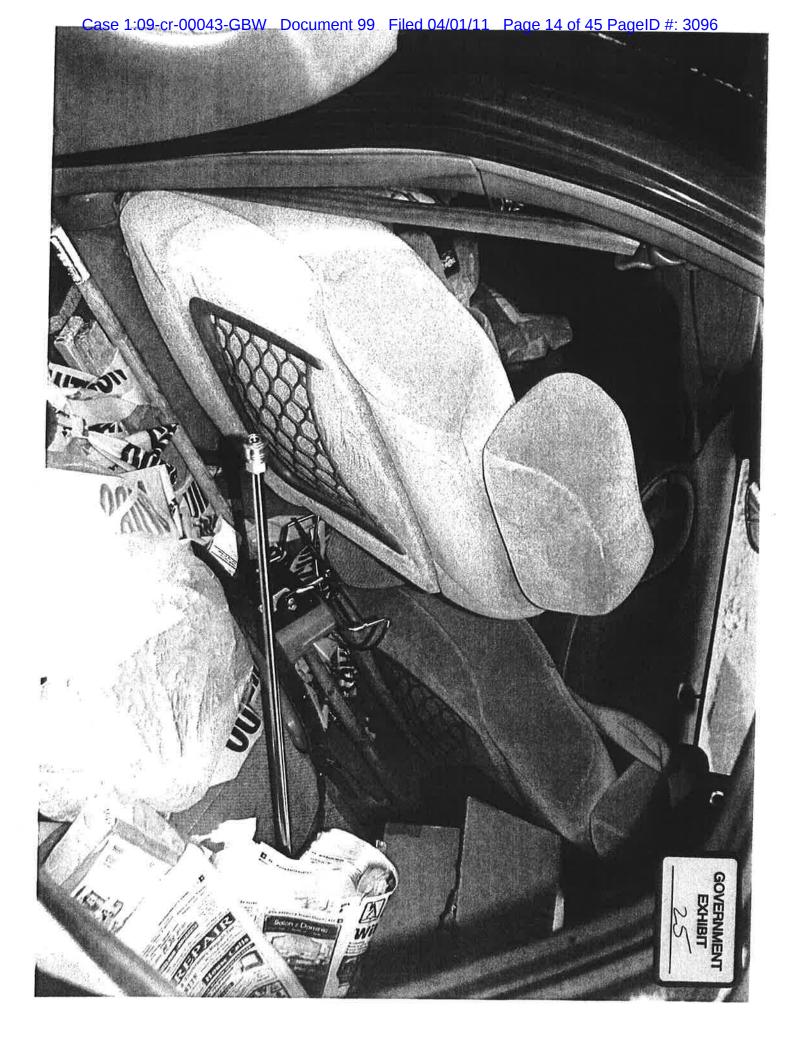


I, the undersigned, an officer of the Division of Motor Vehicles for the State of Delaware, in whose charge the above records are, DO HEREBY CERTIFY that the above is a true and correct copy of the driving record of the above named individual as it appears in the Division of Motor Vehicles, and that I am the officer having legal custody of this record.

In testimony wherof, I have hereunto set my hand and official seal of my office at Dover, Kent County, DE,

Division of Motor Vehicles







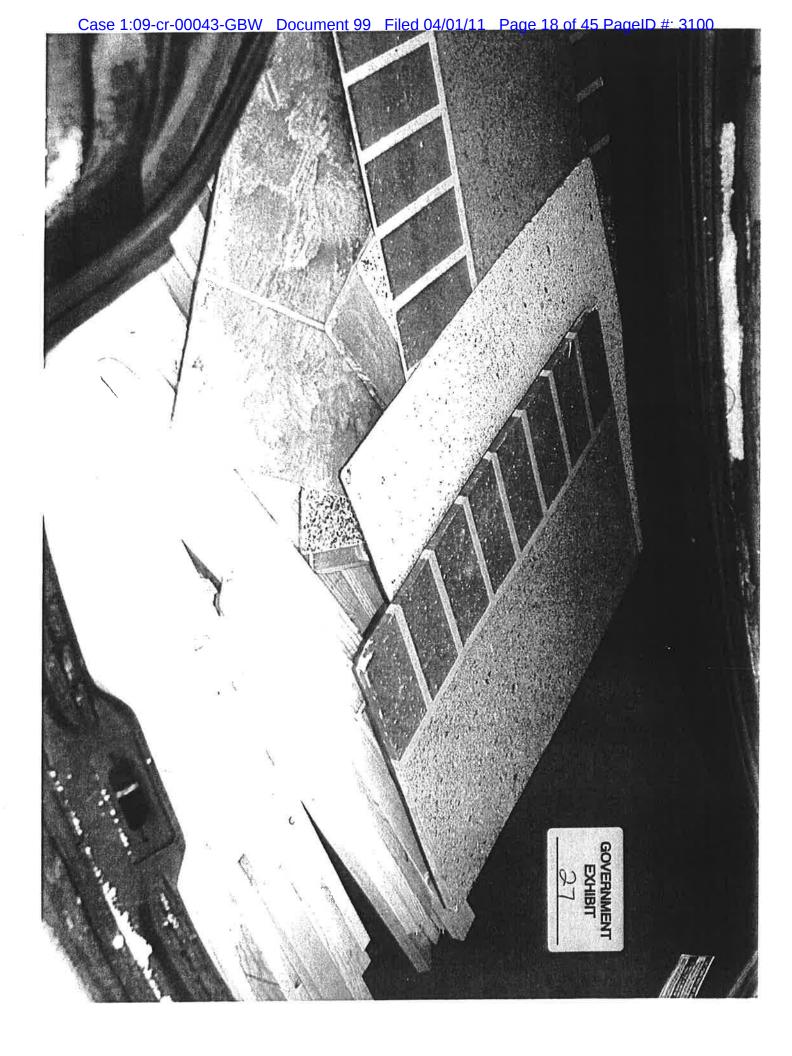
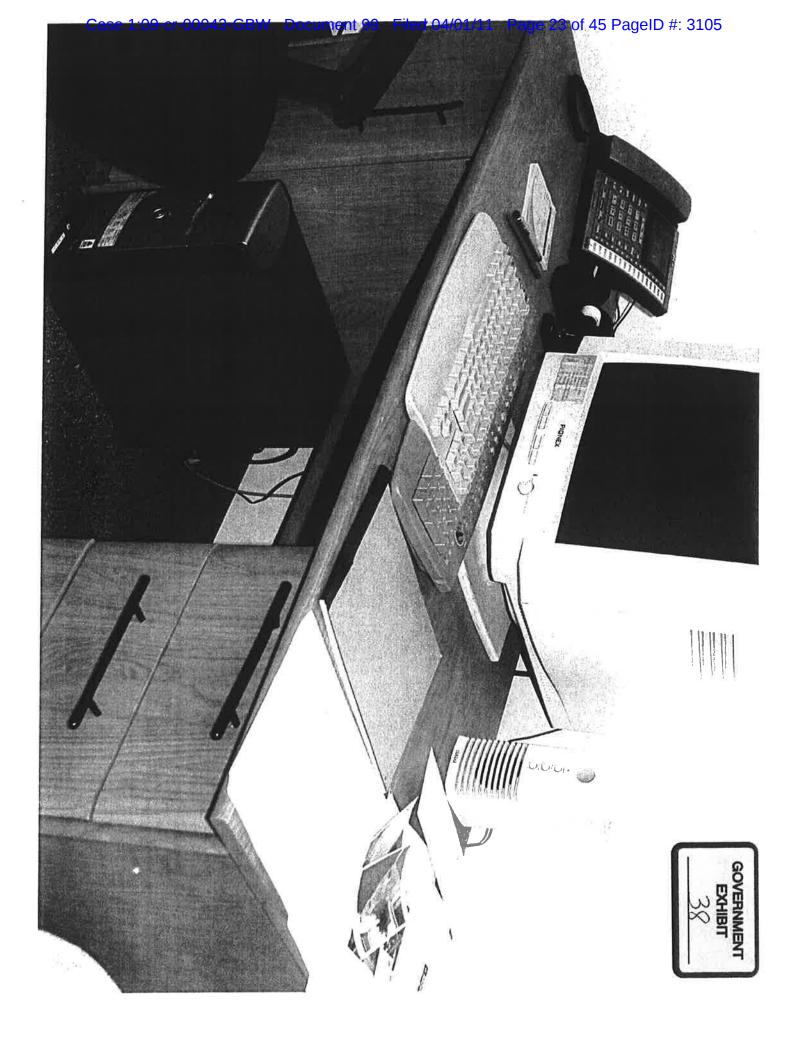




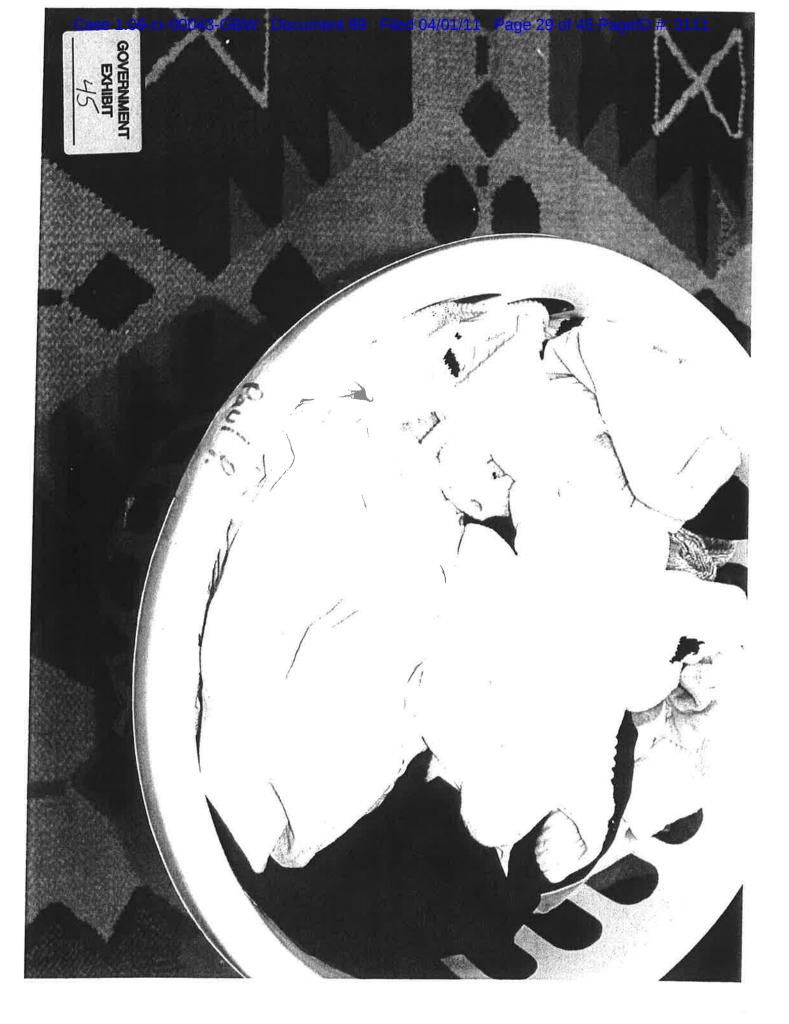
EXHIBIT 33

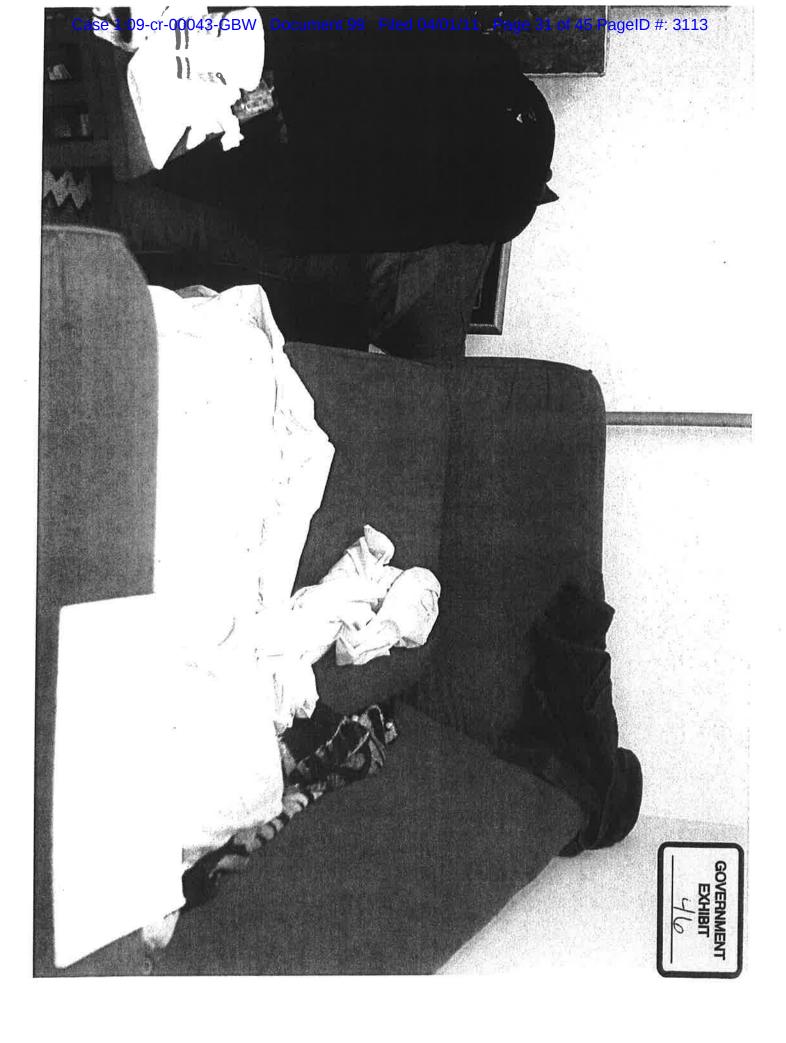
Computer





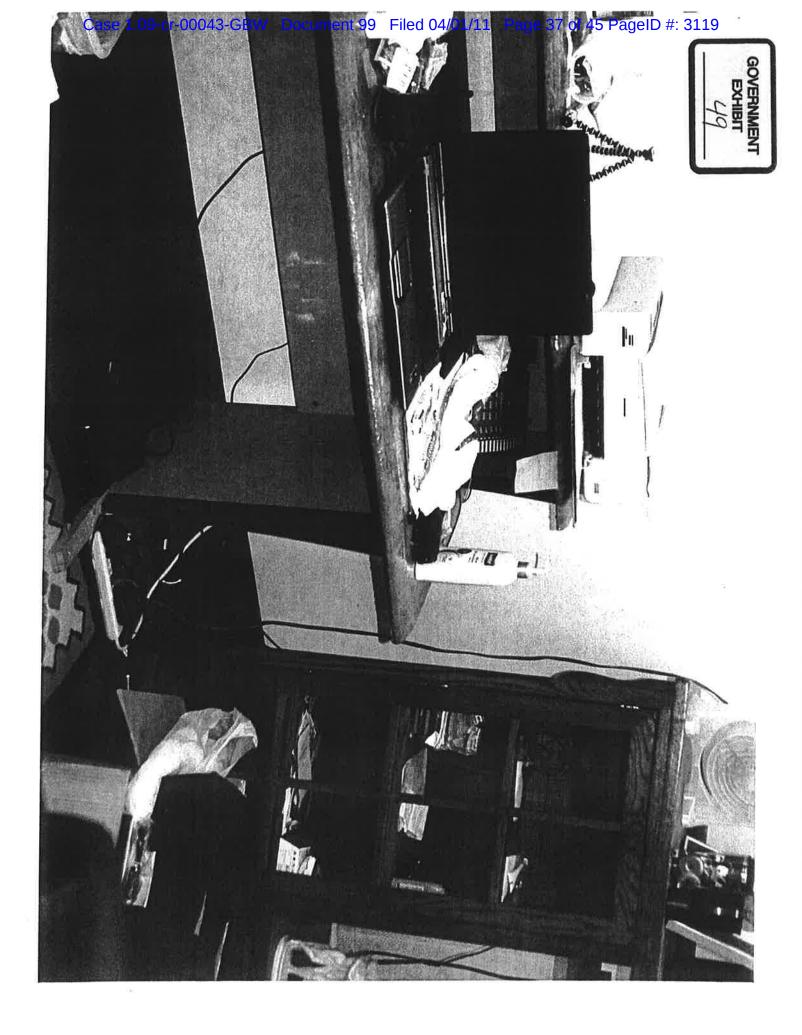




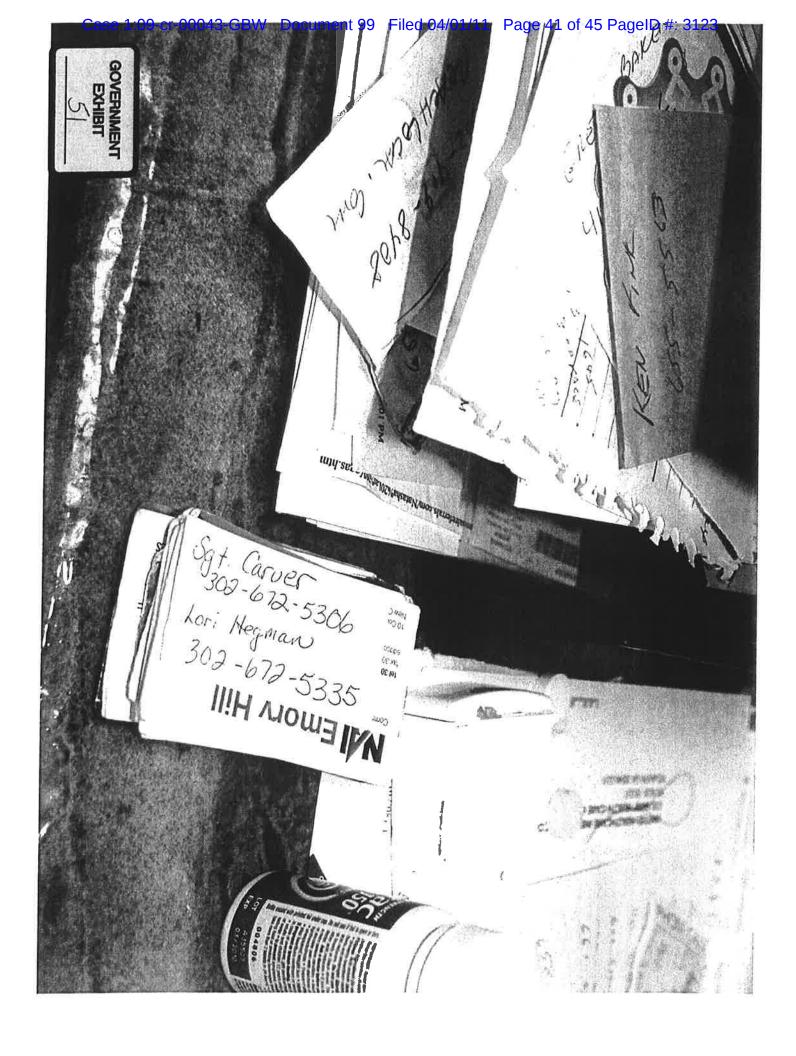


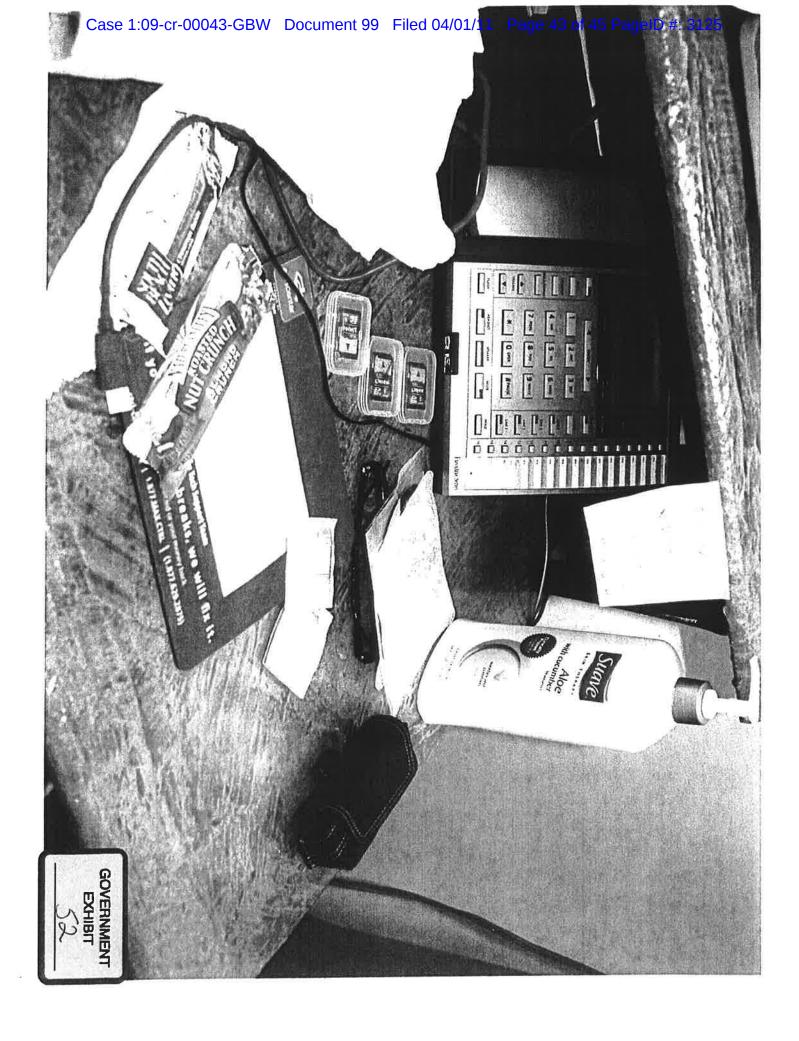












EXHIBITS 56

Computer